

OCT 16 2008

## PATENT

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| <b>Request For<br/>Continued Examination<br/>(RCE)<br/>Transmittal</b><br>Address to:<br>Commissioner for Patents<br>Box RCE<br>P.O. Box 1450, Alexandria, VA 22313-1450<br>Fax no.: 571-273-8300 | Application No. :      | 10/065,762            |
|   | Filing Date :          | November 15, 2002     |
|   | First Named Inventor : | WEI-PIN CHEN          |
|   | Group Art Unit :       | 2142                  |
|   | Examiner :             | NICKERSON, JEFFREY L. |
|   | Attorney Docket No. :  | JCLA8424-R            |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at fax number 571-273-8300, on October 16, 2008.

Signature:   
Jiawei Huang

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.

**1. Submission required under 37 CFR § 1.114.****a. ☐ Previously submitted**

- ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_\_\_\_  
☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

**b. ☒ Enclosed**

- ☒ Preliminary Amendment in ( 12 ) pages.  
☐ Other \_\_\_\_\_

**2. Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months.  
b. ☐ Associate Power of Attorney.

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3. Fees are calculated as follows:

|  |                 | CLAIMS AS FILED |                                       |                    |        |                   |               |
|--|-----------------|-----------------|---------------------------------------|--------------------|--------|-------------------|---------------|
|  | NUMBER<br>FILED |                 | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE   | ADDITIONAL<br>FEE |               |
| Basic Filing Fee                                       |                 |                 |                                       |                    |        | \$ 810            | \$ 810        |
| Total Claims   | 13              | MINUS           | 20                                    | = 0 x              | \$ 52  | = \$ 0            |               |
| Independent<br>Claims                                  | 2               | MINUS           | 3                                     | = 0 x              | \$ 220 | = \$ 0            |               |
| [    ] month(s) extension of time is hereby requested. |                 |                 |                                       | Time Extension Fee |        | = \$ 0            |               |
|  |                 |                 |                                       |                    |        | Total:            | <u>\$ 810</u> |

a. [ ] Check in the amount of \$ \_\_\_\_\_ enclosed

b. [X] The Commissioner is hereby authorized to charge the filing fee in the amount of \$ 810 as calculated above and any additional fee required in connection with filing of this application, or credit any overpayments, to Deposit Account No. 50-0710 (Order No. JCLA8424-R).

i. (X) RCE fee required under 37 CFR 1.17(e)

ii. () Extension of time fee (37 CFR 1.136 and 1.17).

Date: 10-16-2008  
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